

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

FBI

LEAVE BLANK

SAMPLE BLUE CARD

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

RESIDENCE OF PERSON FINGERPRINTED

MD004455Y

CJIS CENT REP REC

BALTIMORE, MD

DATE OF BIRTH DOB
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

CLASS _____

REF. _____

REASON FINGERPRINTED

CHILD CARE

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

+
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB R. THUMB

+
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY